

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FREEDOM FRONTIER ACTION NETWORK

ADDRESS (number and street)

4790 CAUGHLIN PARKWAY #767

☐ Check if different than previously reported. (ACC)

RENO

NV

89519

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00496372

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Year-End Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

11

04

2014

in the
State of(d) 30-Day
POST-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

10

01

2014

through

M M M /

D D D /

Y Y Y Y Y Y

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Scott Bensing

Signature of Treasurer

Scott Bensing

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

10

21

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FREEDOM FRONTIER ACTION NETWORK

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		136.00
(b) Cash on Hand at Beginning of Reporting Period.....	2515.71	
(c) Total Receipts (from Line 19)	3000.00	133600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5515.71	133736.00
7. Total Disbursements (from Line 31)	0.00	128220.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5515.71	5515.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	100455.50	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FREEDOM FRONTIER ACTION NETWORK

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 10 01 2014

To:

 M M / D D / Y Y Y Y
 10 15 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3000.00

133600.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3000.00

133600.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

3000.00

133600.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3000.00

133600.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

3000.00

133600.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	26184.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	26184.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	102035.85
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	128220.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	128220.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3000.00	133600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3000.00	133600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	26184.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	26184.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FREEDOM FRONTIER ACTION NETWORK

Full Name (Last, First, Middle Initial)

A. Tree Services Inc

Mailing Address 11304 Rhode Island Ave

City State Zip Code
 Beltsville MD 20705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 10 2014

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

3000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FREEDOM FRONTIER ACTION NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gober Hilgers PLLC

Nature of Debt (Purpose):

Legal and Compliance Services

Mailing Address 2101 Cedar Springs Road
Suite 1050City State Zip Code
Dallas TX 75201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4323

Amount Incurred This Period

497.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

497.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Majority Strategies Inc

Nature of Debt (Purpose):

Direct Mail

Mailing Address 135 Professional Dr
Ste 104City State Zip Code
Ponte Vedra Beach FL 32082

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4324

Amount Incurred This Period

19991.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

19991.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Majority Strategies Inc

Nature of Debt (Purpose):

Direct Mail

Mailing Address 135 Professional Dr
Ste 104City State Zip Code
Ponte Vedra Beach FL 32082

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4325

Amount Incurred This Period

39983.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

39983.20

1) **SUBTOTALS** This Period This Page (optional)..... ►

60472.30

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FREEDOM FRONTIER ACTION NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Majority Strategies Inc

Nature of Debt (Purpose):

Direct Mail

Mailing Address 135 Professional Dr
Ste 104City State Zip Code
Ponte Vedra Beach FL 32082

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4327

Amount Incurred This Period

19991.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

19991.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Majority Strategies Inc

Nature of Debt (Purpose):

Direct Mail

Mailing Address 135 Professional Dr
Ste 104City State Zip Code
Ponte Vedra Beach FL 32082

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4326

Amount Incurred This Period

19991.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

19991.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

39983.20

2) **TOTALS** This Period (last page this line number only)..... ►

100455.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

100455.50

Full Name of Payee Majority Strategies Inc [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 135 Professional Dr Ste 104		Amount 9995.80	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.4332 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Direct Mail		Category/ Type	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		19991.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 13
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOM FRONTIER ACTION NETWORK			FEC IDENTIFICATION NUMBER ▼ C C00496372	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Majority Strategies Inc [MEMO ITEM]			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 135 Professional Dr Ste 104			Amount 9995.80	
City Ponte Vedra Beach		State FL	Zip Code 32082	
Purpose of Expenditure Direct Mail		Category/ Type 	Transaction ID : SE.4333 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		29987.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Majority Strategies Inc [MEMO ITEM]			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 135 Professional Dr Ste 104			Amount 9995.80	
City Ponte Vedra Beach		State FL	Zip Code 32082	
Purpose of Expenditure Direct Mail		Category/ Type 	Transaction ID : SE.4334 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		39983.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Scott Bensing</i>		[Electronically Filed]		Date 10 / 21 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 13
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOM FRONTIER ACTION NETWORK		FEC IDENTIFICATION NUMBER ▼ C C00496372
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Majority Strategies Inc [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 135 Professional Dr Ste 104		Amount 9995.80	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.4335
Purpose of Expenditure Direct Mail	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Majority Strategies Inc [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 135 Professional Dr Ste 104		Amount 9995.80	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.4336
Purpose of Expenditure Direct Mail	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Scott Bensing

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 21 / 2014

Full Name of Payee Majority Strategies Inc [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 135 Professional Dr Ste 104		Amount 9995.80	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.4344 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Direct Mail		Category/ Type	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		99958.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	0.00

Signature